

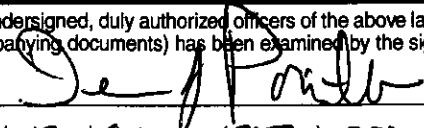
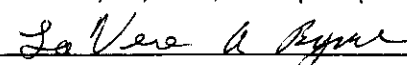


**FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

For Official Use Only 	1. FILE NUMBER <div style="font-size: 1.5em; font-family: cursive;">013-246</div>	2. PERIOD COVERED MO DAY YEAR From <div style="font-size: 1.5em; font-family: cursive;">07 01 2001</div> Through <div style="font-size: 1.5em; font-family: cursive;">06 30 2002</div>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
TIM WELLS CARPENTERS IND LU 1620 P O BOX 1807 ROCK SPRINGS, WY 82901  		8. MAILING ADDRESS (Type or print in capital letters.)  First Name   Last Name   P.O. Box • Building and Room Number (if any)   Number and Street   City   State ZIP Code + 4	
4. AFFILIATION OR ORGANIZATION NAME		5. DESIGNATION (Local, Lodge, etc.)	
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)	
Yes		No	
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number  <div style="font-size: 2em; font-family: cursive;">9</div>	<div style="font-size: 1.5em; font-family: cursive;">128 Willow Street, Rock Springs, WY 82901</div>		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
57. SIGNED:  <div style="font-size: 1.5em; font-family: cursive;">8/19/02</div>	PRESIDENT (If other title, see instructions.)	58. SIGNED:  <div style="font-size: 1.5em; font-family: cursive;">8/19/02</div>	TREASURER (If other title, see instructions.)
<div style="font-size: 1.5em; font-family: cursive;">(307) 382-2484</div>	Telephone Number	<div style="font-size: 1.5em; font-family: cursive;">(307) 382-2484</div>	Telephone Number

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? .....

Yes No  
X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....

X

12. Have a political action committee (PAC) fund? .....

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....

X

15. Discover any loss or shortage of funds or other property? .....  
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? .....

X

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....

X

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....

X

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 73

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 20000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No  
X

22. What is the date of your organization's next regular election of officers? MO YEAR  
06 2005

23. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 6.20 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 40-50
(c) Transfer Fees	\$ /
(d) Work Permits	\$ / per (Month, Year, etc.)

# 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 013-246

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. <small>Last Name</small> PRIME <small>First Name</small> WAYNE <small>Title</small> PRESIDENT <small>Status</small> C		00	00	00
2. <small>Last Name</small> MARES <small>First Name</small> DANNY <small>Title</small> VICE PRESIDENT <small>Status</small> C		00	00	00
3. <small>Last Name</small> WELLS <small>First Name</small> TIM <small>Title</small> <small>Status</small> C		00	1107	1107
4. <small>Last Name</small> STOVER <small>First Name</small> DUANE <small>Title</small> RECORDING SEC <small>Status</small> C		00	1623	1623
5. <small>Last Name</small> BYRNE <small>First Name</small> LAVERE <small>Title</small> TREASURER <small>Status</small> C		00	00	00
6. <small>Last Name</small> SAMSEL <small>First Name</small> JOHN <small>Title</small> WARDEN <small>Status</small> C		00	00	00
7. <small>Last Name</small> PORTILLO <small>First Name</small> DENNIS <small>Title</small> TRUSTEE <small>Status</small> C		00	00	00
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8				
10. Less Deductions				
Enter the Total from Line 11 in ..... Item 45 ⇨			11. Net Disbursements	

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 013-246

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash .....	37505	37365	32. Accounts Payable .....		
	26. Loans Receivable .....			33. Loans Payable .....		
	27. U.S. Treasury Securities .....			34. Mortgages Payable .....		
	28. Investments .....			35. Other Liabilities .....		
	29. Fixed Assets .....	99280	99280	36. TOTAL LIABILITIES .....		
	30. Other Assets .....					
	31. TOTAL ASSETS .....	136781	136645	37. NET ASSETS (Item 31 less Item 36) .....	136781	136645

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....	12184	45. To Officers (from Item 24) .....	2730
	39. Per Capita Tax .....		46. To Employees (less deductions) .....	15193
	40. Fees, Fines, Assessments & Work Permits .....		47. Per Capita Tax .....	6787
	41. Interest & Dividends .....		48. Office & Administrative Expense .....	20594
	42. Sale of Investments & Fixed Assets .....		49. Professional Fees .....	
	43. Other Receipts .....	38455	50. Benefits .....	
	44. TOTAL RECEIPTS .....	50639	51. Contributions, Gifts & Grants .....	
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets .....	
53. Loans Made .....				
54. Other Disbursements .....			7706	
55. TOTAL DISBURSEMENTS .....			53010	

ORGANIZATION NAME: Cardenter Local 1620

ENDING DATE OF PERIOD COVERED: 6/30/02

FILE NUMBER: 013-246

PAGE 2 OF 2 ADDITIONAL PAGES

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name: <u>Barwell</u> First Name: <u>Lyle</u> Title: <u>Trustee</u>	Status: <u>C</u>	<u>00</u>	<u>00</u>	<u>00</u>
Last Name: <u>DOCKTER</u> First Name: <u>TERRY</u> Title: <u>TRUSTEE</u>	Status: <u>C</u>	<u>00</u>	<u>00</u>	<u>00</u>
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Last Name: _____ First Name: _____ Title: _____	Status: _____			
Totals				

ORGANIZATION NAME:

FILE NUMBER: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED:

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Totals				